## PART B - FEE(S) TRANSMITTAL

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BRINKS HOFER GILSON & LIONE P.O. BOX 10395 CHICAGO, IL 60610				Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.			
14/05/2005 WABDELR3 00000005 09884858 01 FC:1501 1400.00 OP 02 FC:1504 300.00 OP				The state of	JORNAN NU- 1, 2005	(Depositor's name) (Signature) (Date)	
APPLICATION NO	30.00 OP	E	IDET NAMED INVEN		•	CONFIRMATION NO.	
APPLICATION NO.	FILING DATE	FIRST NAMED INVE			ATTORNEY DOCKET NO.		
UNIT	06/18/2001 METHOD AND DEVICE FO		A TRANSMISSION	I BETWEEN A POSIT			
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		JBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400		\$300	\$1700	04/13/2005	
EXAMINER A			UNIT CLASS-SUBCLASS				
JUNTIMA,	NITTAYA	2663		370-252000			
1. Change of correspondence CFR 1.363).  Change of correspond Address form PTO/SB/12  "Fee Address" indicati PTO/SB/47; Rev 03-02 o Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
PLEASE NOTE: Unless recordation as set forth in	RESIDENCE DATA TO BE an assignee is identified belo 37 CFR 3.11. Completion of EE  SHUDANAMA	ow, no assignee d this form is NOT	ata will appear on t a substitute for filin RESIDENCE: (CIT	he patent. If an assign		ocument has been filed for	
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4a. The following fee(s) are of lssue Fee Publication Fee (No sr Advance Order - # of	Payment of Fee(s):  A check in the amount of the fee(s) is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 23-79-5 (enclose an extra copy of this form).						
_ ~ ~ `	(from status indicated above) MALL ENTITY status. See 37	CER 1 27	The Amelianation	langa shiming SMAN	LL ENTITY status. See 37 C	ED 1 27(-)(2)	
The Director of the USPTO in NOTE: The Issue Fee and Pu	s requested to apply the Issue ablication Fee (if required) wirds of the United States Paten	Fee and Publication	on Fee (if any) or to from anyone other the				
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